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Original Lectures.

DISEASES OF THE RESPIRATORY ORGANS IN CHILDREN.

BEING A COURSE OF LECTURES PREPARED FOR DELIVERY DURING THE SPRING SESSION OF 1862 IN THE COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

BY THE LATE

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LECTURE II.—PART II.

CROUP, ITS SYMPTOMS, ETC.

In thirty cases of Trousseau's, thirteen were from eleven months to three years of age, eleven from three to five years, and six from five to twenty-six. Trousseau has also observed it in persons much advanced in life, and on one occasion performed tracheotomy upon a woman of forty. It is observed more frequently among boys than girls; it also usually occurs but once in the same person, though several observers have furnished remarkable instances of its recurrence. That it is frequently epidemic in its nature is beyond all doubt, though this reveals itself especially in limited localities. Bouchut remarks that at Paris, "there is no general epidemic; partial epidemics are observed developed in a quarter, in a house, or in a hospital devoted to infants." But it oftener appears in a sporadic state, and it is in this condition that it is commonly seen.

In addition to this occasional epidemic disposition of the disease, there are other causes. Thus, locality has a great influence over it, for it prevails to a greater extent in northern than in southern countries, and there is even a difference in this respect between the northern and southern portions of England: residence near the sea, or near the mouths of large rivers, a moist soil, and a damp atmosphere, have been regarded as favorable to its existence. Constitutional aptitude in children of an irritable, nervous disposition, is a predisposing cause, as is also the season of the year, for it is much more frequent in winter than in summer, owing perhaps to the variableness of the weather, and the prevalence of east and north-east winds. The manner in which children are dressed in the present age of civilization and enlightenment—the partiality manifested for trying experiments upon their delicate systems by leaving their arms, legs, and necks in the condition described by the poet as "clothed on with chastity," that is, not clothed at all, is extremely favorable for the production of croup. Says Dr. Eberle, speaking of a German settlement, "they are in the habit of clothing their children in such a manner, as to leave no part of the breast and lower portion of the neck exposed. During a practice of six years among this class of people, I recollect having met but a single case of this affection, and this case had occurred in a family who had adopted the present universal mode of suffering the neck and superior portions of the breast to remain uncovered." The suppression of cutaneous eruptions, moreover, the breathing of noxious gases, and the swallowing of boiling water, are also causes of the disease; it follows, too, epidemics of influenza and scarlatina; several authors assert that it is contagious, but this is denied by the majority of writers, and is, in fact, a feature of the diphtheritic form. A predisposition to croup is sometimes hereditary, produced under various conditions arising from previous attacks, a repetition of which increases the susceptibility to invasion. Dr. Dickson of South Carolina says, "this susceptibility became so great in one child under my care, that she did not escape an access for an entire fortnight, during a period extending from her being weaned to her fifth year." He is also disposed, from his own experience, to attribute it occasionally to the presence of undigested food, and other crudities in the stomach.

Various *kinds* of croup have been described, depending on the predominance of particular symptoms. M. Bland makes three degrees, which he has distinguished by Greek designations. They are, first, myxogene, where mucus is expectorated; second, pilogene, where pus is effused; and third, meningogene, where the false membrane is formed. Some authors speak of catarrhal, spasmodic, and inflammatory croup; some, as Mr. Ferrier, of acute and spurious. Dr. Stokes regards it as primary and secondary; the latter being an extension from neighboring parts, or a complication with other diseases. Dr. Churchill thinks, "that most of these distinctions are only differences in degree, or the predominance of certain characters over others; the only invariable one, if the disease be allowed to run on, being the inflammation and the false membrane. Experiments, made by Schwilgue, Schmidt, Chaussier, and others, have proved that the same causes, applied to animals of the same class, have given rise to each variety, according to the peculiar constitution and age of the animal." Bouchut defines it as "that disease of the larynx, in which the inflamed mucous membrane is covered by a fibrinous layer of new formation, which is called false membrane;" and Guersant, as a disorder in which the internal surface of the pharynx, and consequently that of the larynx, the trachea, and the bronchi, is covered by membranous or pseudo-membranous exudations, which are easily perceived on all the parts within the reach of sight, and which the expectoration afterwards contains." Guersant, however, like his master Bretonneau, confounded true croup with diphtheria.

Definition, however, is description. We cannot therefore define any disease completely, because we do not, in the present state of science, know what any pathological state really is; we only know some of the phenomena by which it is manifested. In studying inflammation, for example, we have a condition characterized roughly by pain, redness, heat, and swelling, and in which the microscope displays to us certain changes in the circulation of the blood. We learn by clinical observation the various symptoms it produces in the different organs of the body, and by pathological research the changes it leaves after it has run its course; but as to its intimate and essential properties we are as much in the dark as we were in the days of Hippocrates. It is so with all diseases; we cannot define them perfectly, for we do not know them, but we can enumerate their symptoms and investigate their morbid anatomy, which is what I propose to do with croup.

For the sake of convenience the course of the disorder may be divided into three stages, viz. first, the precursory, second, the stage of development, and third, the stage of collapse, or of threatened suffocation.

The symptoms of the precursory stage are those of a common cold. It begins with slight shivering and uneasiness, which, however marked they may be in childhood, are usually unperceived in infants at the breast. The child becomes cross and restless, the skin is hot, the pulse quick, the thirst increased, and these phenomena are frequently attended by sneezing, lachrymation, and cough. Occasionally, there is slight sore throat, or an uneasy sensation about the larynx, which, however, do not seem sufficiently important to attract much attention. But there is always a change in the voice, a degree of hoarseness, or rather huskiness, as if the throat wanted clearing; and this hoarseness has been much dwelt upon as affording an unfailing sign of the invasion of croup. If we look into the throat, we discover there no evidence of disease; the tongue is coated but moist, the number and character of the respirations depending upon the greater or less intensity of the fever. On percussion the chest is resonant, and if we auscultate with the greatest care, we can detect no abnormal sounds in the lungs. When, then, you notice these symptoms in a family or district where you may fear the prevalence of croup, always be upon your guard, especially if you notice that your patient is hoarse.

The duration of this precursory stage is very variable, extending from a few hours to a day or two, but usually it does not last more than eighteen or twenty-four hours. Sometimes the transition to the second, or stage of development, is sudden and strongly marked, but in the majority of

cases it takes place gradually. The symptoms which have already been mentioned, increase towards evening; a slight change is observed in the tone of the cough, which acquires a ringing or brassy sound, difficult to describe, but when once heard not easy to forget. But still there is nothing about the patient that would alarm an ordinary spectator; it appears to be suffering from a slight cold, and when bedtime comes goes to sleep as usual. But its slumbers are not undisturbed; it is awakened in the course of the night by a sense of suffocation, a ringing cough, stridulous breathing, dyspnœa, anxiety, and alarm. It is remarkable that the accession of these serious symptoms is almost invariably in the night, and that throughout the whole course of the disease there is a tendency to nocturnal exacerbations, and to remissions in the morning. This, though not easily explained, is perhaps an example of the liability of nervous and convulsive disorders to appear during the hours of darkness. The fever is now increased, the skin becomes hot and dry, the face flushed, the pulse full and quick, and the child dull, fretful, and passionate. The respiration is hurried, and soon becomes difficult; often the inspirations, particularly those which follow the cough, are crowing. For a few moments the distress of the child may be relieved, but the dyspnœa soon returns, the whole chest works with the respiratory effort, and the stridor is louder and more prolonged. The patient's voice is hoarse and gruff; he shows great restlessness, he tries to relieve himself by tossing about in his bed, or by getting out of it; but no change of position can soothe his sufferings or diminish his alarm. After this condition has lasted for a few moments there is an interval of comparative ease, during which he falls into a restless, uneasy, interrupted slumber, the crowing inspiration being heard in an exaggerated degree. In a little while he is again awakened by the suffocation, and the cough and the terror, these paroxysms continuing until the morning.

This stage, then, furnishes three of the pathognomonic symptoms of true croup, viz. the hoarse voice, the peculiar inspiration, and the peculiar cough. The sound of the cough is one which you will very quickly learn to recognise. It has been compared to the crowing of a cock or the bark of a dog; and to the noise produced by coughing into a brazen trumpet, for there is a hard metallic character about it which has been distinguished by the epithet "brassy." This cough very often precedes any change in the respiration, and escapes the notice of those unaccustomed to it until the disease becomes fully developed. The respiration soon undergoes a transformation as remarkable as that which occurs in the cough. The inspiration is prolonged, and attended by a sound which is called crowing; though this word does not fairly convey the idea which is meant, and perhaps it is better to speak of it as stridulous. The voice is hoarse or cracked, or, in very young children, from the invasion of the second stage becomes totally suppressed. I need hardly explain to you that this brassy cough, this stridulous inspiration, and this hoarse or cracked or suppressed voice, are to be attributed to the fact that the air is forced through a smaller orifice than usual, and that all these symptoms depend on a narrowing of the rima glottidis. The sight of the child laboring under this stage of croup is truly a distressing one. Dr. Churchill graphically describes the sad spectacle that you will be called upon to witness many times in your professional career, and never, I am sure, without having your profoundest sympathies aroused. "The paroxysms of coughing become more frequent and spasmodic, during which the inspiration is almost suspended, and the heart's action accelerated. The difficulty of respiration and the consequent efforts on the part of the child are very great; the countenance is flushed, sometimes almost livid, and covered with sweat; the hands are clenched, the arms thrown about, all covering rejected, and whatever might impede the access of air hastily removed. The body is sometimes erect, sometimes recumbent, and occasionally with the head rigidly bent backwards. The eyes project, and are injected and suffused. The carotid arteries beat strongly, the pulse is quick and hard, the skin burning, and the thirst great. The little patient refers the seat of distress to the larynx, to which the hand is frequently carried as if to remove some obstruction, and where, as Dr. Ferrier has remarked, a degree of tumefaction is sometimes observed. As yet, there is scarcely any expectoration." During this stage the fauces are red, but the redness does not bear any proportion to the violence of the symptoms; deglutition is easy, for the child swallows the frequent draughts of water which he demands without any apparent difficulty; the bowels are disposed to be confined; the appetite for food is entirely lost; and the tongue, though red at its tip and edges, is covered in its middle portions and towards the back with a heavy white coat.

Auscultation of the chest affords us in some instances negative, in others positive signs. In simple and uncomplicated cases, where the trouble is confined to the larynx and trachea, the thorax sounds clear on percussion, the breathing is hurried and unequal, but still the vesicular murmur is more or less distinguishable, and we may measure to a considerable extent the amount of the obstacle there is to the entrance of air into the lungs. At the same time the stridor and sibilant breathing produced in the larynx come clearly to the ear through the pulmonary tissue. These sounds may continue unchanged through the whole course of the disease, with the exception that as the rima glottidis becomes more obstructed the respiratory murmur grows feebler, though the resonance on percussion remains unchanged. You will very seldom, however, have the good fortune to meet a case of croup unconnected with some disease of the rest of the air passages, so that the sonorous, sibilant, and mucous râles of bronchitis, or the fine crepitation of pneumonia with impaired resonance on percussion, will present themselves to your notice. Be careful when you auscultate, for air may enter the lungs so imperfectly as not to give you these signs unless the child make a deep inspiration after a fit of coughing.

Some French writers remark that at a certain period of the disease, on putting the stethoscope over the larynx, we may hear a peculiar vibration as of something flapping to and fro in the windpipe, which they consider always indicates the existence of loose false-membrane. They consider this to be a favorable sign, indicating that the pseudo-membranous formations are loosely attached, and therefore easily removable by expectoration, provided it be confined to the larynx; if, on the other hand, it extend to the trachea and bronchi, it affords an evidence of the extent of the morbid concretions. Dr. West found this sound in a case in which no false membrane was either expectorated during the patient's lifetime, nor discovered in her inflamed larynx and trachea after her death.

You will perceive, therefore, that although you are dealing with a laryngeal disease it is important for you to examine the lungs at each visit, because you thereby obtain either positive or negative results of great value in the treatment of the disease.

When, then, it is thus fully developed, the progress of croup is most rapid, and its advance is shown by an increase of all the symptoms. The paroxysms are less marked, or rather the intervals between them are shortened, and the child is constantly engaged in the labor of respiration. The cough becomes more difficult, suppressed or choking, or else ceases altogether; suffocation seems close at hand, and there is frequently vomiting of glairy mucus, sometimes mixed with flocculent membranous shreds. The stridor of the breathing still continues, but it begins to assume a sibilant sound; the voice becomes broken and whispering, the child often refusing to speak because the effort causes pain in the larynx, or deepens the intensity of the cough. The head is thrown back so as to increase the capacity of the tracheal tube, the larynx works forcibly up and down with each attempt at respiration, and the walls of the thorax are in violent motion. The expression of the countenance is dull, heavy, and anxious; lividity shows itself about the mouth, the extremities are cold, and the skin dry and hot, or covered with a clammy sweat.

It is during this second stage that the false membrane in the larynx and trachea which is peculiar to croup, is formed; though there are certainly no signs which announce to us the commencement of this condition. It has been discovered in the body of a child who yielded to the disease in twenty-four hours, while in other cases several days have elapsed without its appearance. Trousseau thinks that we may be assured of the existence of the membrane when the cough, having been clear, loud, and ringing, becomes less frequent, almost without sound, and suffocating. If your patient be old enough to expectorate you may sometimes acquire information in this way; shreds of lymph are occasionally thrown off with the sputa, which should in all cases be examined carefully. Dr. Swett, of this city, once saw expectorated a perfect tube, four inches in length, making a complete cast of the trachea and of its bifurcation; and Dr. Watson mentions the remarkable case of a little girl on whom tracheotomy was performed. A tubular portion of false membrane, of the shape and size of the trachea, was expelled through the artificial opening, greatly relieving the patient, but in the course of the same morning the child died of suffocation; at the autopsy the trachea was found to contain a new tube of false membrane, thus showing that this concretion may be exuded in so short a space of time as from six to seven hours. The spitting up of portions of lymph is a symptom of considerable importance, but it is not frequent, and when it does occur it is usually on the day before death. We can mention no symptom beyond this that shows when the membranous deposition actually does happen, nor is there anything to prove it a feature of any regular period of the attack; but, on the other hand, we may not doubt that it takes place at a variable time in the second stage of the disease.

After the lapse of from three to seven days, the period of collapse is reached. The lividity of the face is now increased, or else the countenance is very pale and swollen, while the frequency of the pulse and respiration is greatly increased, their power being diminished. The action of the heart, also, though quickened and convulsive, becomes more feeble. The cough, indeed, is not heard so often, but it has grown more suppressed and suffocative; sometimes it is absent altogether, while the stridor of the breathing has ceased, and is replaced by a sibilant sound, which may be heard some distance from the patient. The eyes are brilliant, the head thrown back, the pupils contracted, the orbits hollow, and the general appearance of the child expresses exhaustion. All the muscles of respiration act with great force; those of the nose, the neck, the abdomen, and the diaphragm contract violently, and the movements of the larynx are very and incessantly energetic. The veins about the neck are greatly distended, the tongue dark and coated, the lips of a purple color, or else of a livid paleness. Fits of suffocation come on even in this depressed condition; the anxiety and the distress of the face suddenly increase, the child raises itself with an effort; carrying its hands to its neck, it turns on every side and tosses to and fro, lies down and sits up, seeking in constant change of position the relief which it is impossible for it to obtain. In such sufferings as these it dies, or else ends its life in the fatal unconsciousness of coma and convulsions.

Although unfortunately in the majority of cases this is the history of an uncomplicated case of croup, it may be checked by treatment or may run a less fatal course. In such instances the fever will be less marked and the laryngeal affection much milder; still you will have the peculiar stridulous breathing, the hoarseness, and the brazen cough. If the treatment during the early stages be active and judicious, the symptoms will sometimes gradually lose their intensity, and we shall then find that respiration gradually becomes more easy, the stridulous sound little by little disappears, the voice seems more natural and parts with its gruffness, and the character of the cough is changed, for it becomes soft and moist. The circulation, also, loses its irregularity, although the fever may continue for some time after the cough and breathing have lost all croupy disposition. The patient must be carefully watched until recovery is completely established, for there is no malady perhaps that shows a greater liability to relapse, the least exposure to cold being apt to reproduce the severe symptoms upon the absence of which we congratulate ourselves. One attack of croup, too, predisposes an individual to others. Dr. Albers mentions its recurrence seven and nine times, and Dr. Churchill two, three, and four times in the same child; nor does its mildness on one occasion give us any reason to hope that it will not be severe and fatal on the next.

Original Communications.

EMBOLUS OF THE PULMONARY ARTERY.

By S. OAKLEY VANDERPOEL, M.D.,
OF ALBANY, N. Y.

The study of *emboli* having of late years attracted the attention of pathologists, I have deemed the following notes of a case which has just passed under my observation, as illustrating still further the subject, would not be without interest. In the *American Journal of Medical Sciences* for April of this year, a case is reported, which, though originating from a traumatic cause, is ascribed to a condition of the system prominent in the one under consideration, viz. a lowered force of the heart, and perhaps contractility of the vessels.

I was called to attend Mrs. O—— on the ninth of April. She was about sixty years of age, and, while not corpulent, adipose tissue was full and well distributed. There were no constitutional symptoms or marked general disturbance, but she complained of slight neuralgic pains alternating in different parts of the body; also, on attempting to rise, a sensation of great languor, and a feeling of lightness in the head. I noticed, while there was marked fairness and whiteness of the skin, there was no anæmia. I supposed it a case where nutrition was perverted; and though not decided fatty degeneration, still the molecular changes approximated that condition. Absolute rest was enjoined. She was directed to be raised only when necessary, and with care. A sustaining treatment, combined as necessary with morphine, was adopted. Improvement was gradual but marked. At my morning visit some three weeks since she complained of an unpleasant feeling in the left arm, as also that for an hour past it had been *cold;* she was obliged to keep it covered, and near a bottle of hot water.

On examination I found, while sensation was perfect, and motion no way impaired, save a feebleness in the limb, the circulation had so far ceased that no pulsation was perceptible in any part. This feeble vitality remained for over two hours, when the obstruction gave way suddenly, and circulation in all respects was as in the opposite limb. During the period of the obstruction I listened several times to determine whether any growths near the valves would, by floating off, cause the condition. Nothing abnormal could be detected.

Her general health improved so far that she rose easily from the bed, walked to the adjoining room, and sat up for some time. It was after a comfortable night, and, as she expressed it, "a more natural feeling than she had yet had," that she was seized with dyspnœa and prostration while walking into the adjacent room. I saw her very soon after: she was breathing very laboredly and rapidly; a dusky pallor was upon the surface; the heart was acting tumultuously, yet the capillary circulation was imperfect, and the extremities cold. Dr. Hun visited her in consultation during the afternoon, and suggested that the embolus was probably in the pulmonary artery. She lived about nineteen hours from the time of seizure.

Post-Mortem, twelve hours after death.—The contents of the thoracic cavity (which was the only part examined)

were removed entire. Upon opening the right ventricle of the heart a round, firm, fibrous band, about four lines in diameter, and some three inches in length, was found extending from the fleshy columns of the ventricle to the semilunar valves, and terminated in a bulb of black, coagulated blood, just within the pulmonary artery. Upon carefully dividing the branch of the pulmonary artery leading to the left lung, a fibrous deposit of quite firm consistence, about one inch in length, and of the diameter of the artery, was found just at the first branching of the artery within the lung, completely plugging the artery, and sending prolongations into the branches of the second size. The same condition was found upon dividing up the trunk leading to the right lung, save that the deposit on the left arterial trunk was *firmer* than the right.

The left ventricle contained a small amount of black coagulated blood; the right was *empty*. The muscular tissue of the heart was easily torn, and its outer surface covered with rather more than the usual layer of fat. The arteries showed no atheromatous deposit; the lungs were healthy, and, though not exsanguined, contained a less amount of blood than is usually found in the capillaries of the lung after death.

The microscopic appearance of the plug showed fibrillated fibrin, dense in structure, the meshes filled with hæmatine; some portions were evidently of more recent formation than others.

PUNCTURED WOUND OF THE BRAIN.

By LEWIS HEARD, M.D.

ACTING ASSIST.-SURGEON, U.S. ARMY.

Corporal John B. Buckley, of Co. D, 62d Pa. Vols., aged 24 years, was admitted into Finley General Hospital, May 9, 1863, with a wound received on the fourth of the same month in the battle near Chancellorville, Virginia. The wound, which was in the right eyebrow, presented the appearance of having been inflicted with a bayonet or some other sharp-pointed instrument, and it was found, on examination, to have penetrated the skull through the frontal sinus, and to have taken a course horizontally backwards into the brain.

I passed a straight bougie along the track of the wound into the right anterior lobe of the brain the distance of four inches, without force, and without the least pain to the patient. He appeared perfectly conscious; pulse natural, and no heat or febrile excitement. The perforation in the skull would barely admit the point of the index finger, and there were found a few small fragments of bone, which had been driven in, still hanging at its inner side. I did not think it prudent to continue the examination further. There was no hæmorrhage. Perfect quietness was strictly enjoined, a saline laxative was ordered to be given, and cold-water dressings applied to the wound. The diet was light and unirritating; and as but little could be done in the way of treatment, and as there was not the least hope of saving the patient, it was thought best to leave the case almost wholly to the powers of nature.

The patient himself was decidedly of opinion that his wound was caused by a ball, and not by bayonet, as he confidently affirms he was not in a charge, and the enemy were not very near when he received the injury. It might have occurred accidentally from a bayonet in the hands of one of his comrades. This, however, it would seem, could not well have happened without his knowledge. On this point I interrogated him a number of times, and he persistently maintained that his injury was from a ball. This was disproved by dissection.

On the 14th of May, ten days since the wound was received, he continued conscious and comparatively comfortable, complaining of but little pain or unpleasant feeling in the head. The same temporizing treatment was continued, and quietude was observed—feeling very certain as to the event of the case.

May 16th.—For the last two days he has manifested signs of mental disturbance, and vision of the left eye, as well as that of the right, seemed, in a measure, lost; and, at times, optical illusions annoyed and deceived him. More pain in the head complained of, and thirst for cold drinks very urgent. He is allowed to have whatever he desires, and care is given to make him as comfortable as possible. Bowels have been kept soluble by an occasional dose of magnes. sulph., and the water-dressings are still employed. Some discharge of pus and cerebral substance from the wound. About noon to-day was taken with a tremulous motion of the hands and arms, and reaching after imaginary objects. Complains of more pain in the head when aroused from a partial stupor into which he has fallen. Skin of natural temperature; pulse varying but little from 80 per minute, and of ordinary strength, moderate incoherence of thought and expression, scenes of the battle-field, friends, home, and many other things, alternately occupy the mind: in short, all the symptoms point unerringly to a speedy fatal termination.

May 17th.—Was comparatively quiet through the night; pulse 125 a minute, and less resisting; greater tremulousness of the hand and arms; more picking and reaching after imaginary objects; stupor increased; thirst still urgent; no appetite for food; vision nearly or quite extinct; discharge of pus and brain-substance the same. In the afternoon slight convulsions took place; vital forces gradually sinking. He died at six o'clock P.M., with but little apparent suffering.

Sectio Cadaveris, fourteen hours after death.—On removing the calvarium, the sinuses of the dura mater and other vessels were found to be highly engorged with blood. The right hemisphere of the cerebrum was sliced off from above downwards: when coming down to near a level with the corpus callosum, a slight prominence over the right lateral ventricle was observed, which, on being punctured, gave vent to a free discharge of pus. By removing another thin slice of brain, the track of the wound was exposed. It was traced from the point of penetration through the anterior lobe, under the right edge of the corpus callosum, opening the right lateral ventricle, and penetrating as far back as the posterior crus of the fornix, which seemed to have sustained injury. The two lateral and third ventricles were filled with pus, and, in making further search for ball or other foreign substance as the cause of injury, pus was also found in the fourth ventricle, and beneath the cerebellum around the medulla oblongata. No ball or other foreign body could be discovered, even after the most diligent search had been made; and the patient must have been mistaken as to the cause of his wound.

This man lived thirteen days after receiving a wound which had penetrated more than half way through one of the hemispheres of the brain from before backwards, and yet the cerebral functions were comparatively little disturbed up to within two or three days before his death.

As there had been no vessel of any size wounded, and consequently no hæmorrhage in the brain—have we not some reason for the belief that, if a free discharge of the pus could have been obtained from the first of its formation by a sufficient opening placed dependent, he might possibly have recovered?

Finley Hospital, Washington, D. C.,
May 25, 1863.

M. Mabru of Paris offers a prize of 3000 *francs* to any medium or somnambulist who will furnish scientific proof of their being able to see through a brick wall, or read without the aid of their eyes. "It would appear," he adds, "as if *la haute Société Parisienne* falls into the trap of every juggler; is penetrated, in fact, with the same nature as the gross and half-savage rustics of our most uncivilized provinces. One believes in mediums, and the other in ghost-stories; that is all the difference."—*Dublin Medical Press.*

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Jan. 28, 1863.

DR. D. S. CONANT, PRESIDENT, IN THE CHAIR.

HYDATIDS OF THE LIVER.

DR. LOOMIS presented a specimen of hydatids of the liver with the following history:—

The patient from whom the specimen was removed was a gentleman of intemperate habits, 38 years of age, who was admitted into Bellevue on the 19th of January. He had always been well up to the first of Dec., when he was suddenly seized with an intense pain in the right side, which was accompanied with vomiting and a restlessness which forbade sleep almost entirely. There was an inability to take food, and a slight amount of delirium. He remained in this condition for about a week without obtaining sleep, and without being able to take food. He then became rapidly jaundiced, and his friends noticed a marked increase in his right side. After the jaundice appeared his pain became less, his vomiting ceased, and he was enabled to take food and retain it. But the fulness of the right side increased, and was tender on pressure. About three weeks after his first attack they began to notice that he became stupid, desiring to sleep most of the time, but when he was wakened he answered questions intelligently. The jaundice continued marked during all this time. At the time of his admission into the hospital his condition was very much like that of one under the influence of opium; his respiration was sighing, and about sixteen per minute; there was a distinct interval between each respiratory act. As he lay upon the bed, he would throw his head back as if to enable him to get a better respiration. His pulse was ninety per minute and very feeble; his pupils were slightly dilated, and acted slowly to light. The surface of his body was deeply jaundiced, and he was aroused with a good deal of difficulty, but when aroused would attempt to answer questions. He swallowed with difficulty, and then retained the fluid but a little while. Physical examination revealed nothing abnormal about his chest. On the right side over the hepatic region there was dulness from the fifth rib above down to the umbilicus, and about four inches to the left of the median line. The surface of the liver was smooth, and its borders rounded. He died in a state of coma twelve hours after admission.

Autopsy, twelve hours after death.—The body was well nourished, and of a dark brown hue. On opening the abdomen there was a small quantity of serum in the cavity of the peritoneum. The kidneys were enlarged and were very much congested; the liver was enlarged, and contained in its right lobe posteriorly a large fluctuating tumor containing about a pint of fluid, in which a number of cysts floated, from the size of a pea to a goose-egg. White dots about the size of a pin's head were scattered throughout different portions of the organ, and on microscopic examination proved to be composed of pus globules. The microscopic examination of the contents of the cysts revealed nothing but the hooks of echinococcus.

DR. SANDS remarked, that tumors of the sort in the substance of the glands of the body were rather unusual, and in that connexion referred to one situated beneath the fascia of the neck, which he had already presented to the Society. He stated that it very often happened that the hooks of the echinococcus were found alone, as that part, being calcareous, was the last to be destroyed.

AMPUTATION OF FINGERS FOR BURN.

DR. POST presented the index and middle fingers of the right hand, with the corresponding metacarpal bones, which he had removed from a middle-aged woman who had suffered from a burn of the integuments of the dorsum of the hand five weeks before, in attempting to rescue her child from fire. The two metacarpal bones were completely necrosed, as also a portion of the metacarpo-phalangeal articulation of the index finger. The palmar surface of the hand, strange to say, was uninjured.

CANCER OF THE GASTROCNEMIUS MUSCLE.

DR. SANDS presented two specimens of cancer. The first was a tumor of the calf of the leg, which was removed from a woman aged forty years. The tumor did not project much beyond the surface, was not nodulated, and, although soft to the feel, presented no signs of fluctuation. It was proved to be connected with the muscles of the calf by the absence of longitudinal motion and the presence of free lateral motion. The growth first made its appearance about twelve weeks before the operation, and annoyed the patient rather by its size than any pain which it occasioned. There were no glandular swellings noticed in the popliteal space, nor in any other part of the body. A straight incision was made in the long axis of the limb behind, about eight inches in length. After dividing the subcutaneous fat and fascia, the diseased mass was reached. The tumor was found imbedded in the substance of the gastrocnemius muscle, and connected at its lower portion also with the soleus. Both these muscles were divided above and below the tumor before the completion of the operation.

The appearances under the microscope were very characteristic. There was a great diversity of cells, variously shaped, having large nuclei and nucleoli. There was also to be seen a large number of the so called mother-cells, containing fifteen or twenty smaller ones each, with a large nucleus and nucleolus.

CANCER OF THE KIDNEY.

The second specimen was one of cancerous kidney for which he was indebted to Dr. David Smith The patient from whom it was removed was a gentleman fifty-five years of age. He was in the enjoyment of good health until seven years ago, when he suffered from an attack of renal colic, the symptoms being referable to the right side. Two days after this he passed two small calculi. Two years after this he had an attack of renal hæmorrhage. He bled in this way twice during the two successive years. The attacks then became more frequent, and occurred, up to last spring, once every two or three months, and after that once every month. From last October he had a hæmorrhage which nearly cost him his life, the blood coagulating in the bladder and almost completely filling it. The clots were finally removed by being broken up with a catheter. Two or three weeks after a similar attack occurred, and from that time the patient never rose from his bed. It was only as late as the last spring that a rapidly growing tumor was noticed in the right side.

At death the right kidney was found to be so much enlarged as to extend from the free margins of the ribs above to the crest of the ilium below, and to the left of the median line some three inches. The opposite kidney was very much enlarged. The bladder was healthy. There was no other organ of the body the seat of the cancerous deposit. On microscopic examination the diagnosis of cancerous disease was confirmed. The extended surface of the organ was somewhat lobulated. The organ weighed four pounds and four ounces, was eight inches long, five inches broad, and four inches thick.

DR. POST, in relation to the first specimen of Dr. Sands, stated that it was the third case of tumor developed in the midst of muscular tissue, which had come under his notice, and that the other two were fibro-plastic in character. In each of these two cases the longitudinal and lateral mobility was a very striking symptom, as indicating the confinement of the disease to the muscles. As regards the specimen of cancerous kidney he was under the impression that one as large, if not larger, could be found in the museum of the New York Hospital.

The Society then adjourned.

UNITED STATES ARMY MEDICAL AND SURGICAL SOCIETY, OF BALTIMORE.

STATED MEETING, March 5, 1863.

SURGEON C. C. COX, U.S.V., PRESIDENT, IN THE CHAIR.

[Reported by DR. GEO. H. DARE, Acting Asst. Surg., U.S.A., Secretary.]

GUNSHOT AND PUNCTURED WOUNDS OF CAVITIES.

DR. DARE commenced by remarking that wounds of the cavities were, as a class, the most dangerous which came under the care of the surgeon. The cranial, thoracic, abdomina, and pelvic cavities contained the viscera, including the vital organs; these viscera were liable to be injured by the missile or weapon penetrating the cavity in which they were contained; therefore the subject might be said to include *wounds of the viscera*. The principal cavities were all lined by a membrane extremely prone to take on extensive and dangerous traumatic inflammation.

WOUNDS OF THE CRANIAL CAVITY.

DR. DARE remarked that the brain might be indirectly injured by a missile or weapon which did not penetrate the cavity of the skull. The cranial wall being driven in, the depressed and broken fragments, acting as a foreign body, compressed and irritated the brain. When symptoms denoting compression resulted, the indication was clear; but a question not so well settled was—Whether, where there was manifest depression with probable comminution of the internal table, in absence of symptoms of depression, it was justifiable to use the trephine in anticipation of future mischief?

Guthrie's opinion was quoted—that in case of an adult, it was both justifiable and advisable. The Doctor spoke of a German Lieutenant who came to the National Hospital to have a musket-ball extracted from his head. It was found entirely imbedded in the parietal, having driven in the bone about half an inch. It was extracted with difficulty. It was then two weeks after the receipt of the injury: no brain symptoms had supervened, and, when heard from several weeks afterwards, he continued well.

As an illustration of a depressed fracture from a different cause, Dr. Dare reported the case of a man who came into the National Hospital, having been thrown from a buggy, his head coming in contact with the curbstone. The symptoms of concussion soon passed off. A fracture with depression, denoted by a well marked ridge, was discovered on the right side of the frontal bone near its junction with the parietal. There were no symptoms of depression, intellect perfect, and man cheerful. On the fifth day after admission he became somewhat comatose; he would answer questions, but irrationally and with difficulty. The symptoms becoming worse, he was, as a *dernier ressort*, trephined by Dr. D. The detached fragments were removed, and the depressed portion elevated. No marked change immediately followed the operation. The patient died within twenty-four hours.

Autopsy revealed the dura mater a little thickened under the point of fracture, but the cause of death was found to be suppuration at the base of the middle lobe of the brain, diagonally opposite on the left side at the seat of contre-stroke.

A ball might pass through the cranial wall and remain in contact with the dura mater without penetrating the brain. The Doctor cited, as a remarkable illustration of this fact, the case previously read by him before the Society, of a "gunshot wound of the cranium, followed by an abscess of the brain, caused by the presence of the bullet, resulting in death two months after the receipt of the injury," and remarked that we would naturally expect, as happened in that case, ulceration to result in consequence of continued pressure.

When the brain was extensively injured by a weapon, or by a missile either passing out or lodging, death usually resulted immediately or within a few days. Some remarkable cases were, however, recorded, in which patients survived after the most extensive injuries of the brain. The following case came under the care of Dr. Dare's former preceptor, Dr. Dunbar. A young man, out on a sporting expedition, raised his gun nearly perpendicularly and fired at a bird flying directly over his head. The gun burst, and the piece of iron by which the barrel was screwed to the stock entered about the middle of one side of the frontal bone, making a hole about two inches in diameter, and penetrating deeply into the brain, from which it was extracted by the Doctor. Some hernia cerebri resulted, but the man recovered, preserving his mental faculties entirely. He still lived, and was well.

The Doctor cited an almost exactly similar case, related by Guthrie, of a boy, nineteen years of age, from whose brain the breech-pin of a gun, three inches in length and three ounces in weight, was extracted twenty-five days after the receipt of the injury. The patient recovered perfectly. Dr. Dare remarked that such almost miraculous cases were of course rare exceptions to the rule, and that their only practical use was to teach the surgeon never to despair absolutely of a case, however desperate.

The indications in all cases of wounds of the cranial cavity, directly or indirectly implicating the brain, were—to remove foreign bodies, broken and depressed fragments of bone, or the ball, if superficial and easily accessible, and to keep down inflammation. Hernia cerebri had, perhaps, best be left to nature.

WOUNDS OF THE THORACIC CAVITY.

Wounds of this cavity derived their importance from the fact of its containing two vital organs, the lungs and the heart. What were the symptoms of a wound of the lung? Hæmoptysis was one of the most common, and was considered almost pathognomonic, but it was not universal. Some few cases had been treated at the National Hospital, in which air was respired for weeks through the external opening, but no blood came from the mouth. On the other hand, a man might spit up blood after being struck upon the chest by a spent ball coming in contact with the belt, or some solid body in the pocket, which prevented it from penetrating the thorax. If the opening was large and direct, air would probably be respired through the external opening. Emphysema was a reliable symptom of wound of the lung, but it did not usually result unless the opening was oblique or devious in its direction.

The degree of dyspnœa depended upon the size and directness of the external orifice, and upon the quantity of blood poured out into the pleuritic cavity or substance of the lungs.

The direction and course of the ball should be observed: if there were two orifices, the ball had probably passed straight through; if it had run around superficially, its course would probably be marked by a discolored line and tenderness along its track. The presence or absence of symptoms of collapse would assist the diagnosis.

The indications for treatment were—to arrest hæmorrhage; to prevent as far as possible the admission of air from without, and thus to avoid collapse of the lung; to moderate inflammation, and to support the patient during the stage of suppuration. The treatment was essentially different in simple punctured or incised wounds, from that in gunshot wounds of the lungs. In simple wounds, if there was not much hæmorrhage, the sooner and more exactly the external orifice was closed the better, in order to obviate, as far as possible, the danger of collapse of the lung, and to favor union by the first intention.

Guthrie advised that the patient should lie upon the injured side, in order to keep the surfaces of the wounded pleuræ together, that union might take place, and thus obviate the danger of emphysema and pneumothorax. If dangerous hæmorrhage existed, should it come from the intercostal artery, it should be ligated if possible; if from the substance of the lung and persisted, it might be necessary temporarily to close the wound, in order that the hæmorrhage might be arrested by coagulation.

In gunshot wounds of the chest, a compress might be applied to the external orifice until suppuration took place, then the wound should be covered very lightly, or left open. If a rib was fractured by the ball, the fragments should be removed, expanding the wound if necessary. The finger being used as a probe, all foreign bodies, pieces of cloth, or the ball, if superficial and could be felt, removed.

If acute traumatic pneumonia supervene, the treatment must be regulated by the constitution of the patient. A more enlightened pathology had discarded the enormous bleedings recommended and practised by Guthrie. It was generally found necessary to sustain the patient by nutritious diet, tonics, and stimulants.

If accumulation of pus or blood took place in the pleuritic cavity, compressing the lung and giving rise to dangerous dyspnœa, it should be let out. If the original wound is healed, it should be re-opened; if small, expanded; or, if not dependent, it might be necessary to make a counter-opening and keep it open.

The prognosis of a wound of the thoracic cavity, penetrating a vital organ, the lung, was always grave, but it was much less so in a simple punctured or incised wound where the external orifice might be immediately closed and there was a probability of union by the first intention, than in gunshot wounds where more or less sloughing in the track of the ball must inevitably result.

FOREIGN CORRESPONDENCE.

LETTER XXXVII.

By PROF. CHARLES A. LEE.

THE VENETIAN PROVINCES, POPULATION, BRIDGE, FORT PADUA, UNIVERSITY, BOTANIC GARDEN, MUSEUMS, OBSERVATORY, HOSPITALS, ETC.

PADUA, Oct. 20, 1862.

HAVING determined to visit the Venetian Provinces, including the celebrated *Quadrilateral*, taking the cities of Padua, Vicenza, Verona, Mantua, etc., on my route, I left Venice in the early morning train, and reached Padua in about one hour: distance twenty-seven miles.

Under the name of the Lombardo-Venetian Provinces are included all the Austrian possessions in Italy since the Treaties of Villafranca and Zurich. They embrace all the territory of the Republic of Venice, ceded to Austria by Napoleon I. by the Treaty of Campo Formio, and confirmed by the Treaty of Vienna; the possessions of the Dukes of Mantua east of the Mincio; the triangular space between the Lower Mincio and the Po, once a part of Lombardy; and some small possessions on the south of the Po, belonging to the Territory of Gonzaga, retained after the annexation of the Duchies of Parma and Modena, and of the Legation of Ferrara, to the North Italian Kingdom in 1860. The whole Austro-Italian Provinces include about 2,400,000 inhabitants.

Leaving my hotel, the *Albergo dell' Europa*, formerly the Giustiniani Palace, fronting the harbor, of which it commands a fine view, and near the Piazza de S. Marco, a gondola conveyed me rapidly to the railway station, which is at a considerable distance from most of the hotels. Here, having submitted to a stricter examination of luggage by the police than is usual outside of the Austrian dominions, we soon entered upon the long bridge which carries the railroad over the lagune, which took us six minutes in crossing. It consists of 222 circular arches of 32 feet 9¼ inches span; the thickness of the single piers is 3¼ feet; the whole length 2 miles and 416 yards. It occupied four and a half years in erecting, and was completed in October, 1845. The height of the top of the parapet above the mean level of the water of the lagune, is 14 feet; its width 29¼ feet. In the centre is a large embankment called *Piazza Maggiore*, 446 feet in length, and 97 feet 10 inches in width. The depth of the water through which the bridge is carried, is from three to thirteen feet. The soil is entirely of mud. The foundation is upon piles driven into the bed of the lagune. The piers are of limestone, the arches and spandrels of birch, the cornice and parapet of Istrian stone. Close inside the parapet, on a level with the roadway, two channels are formed for carrying fresh water from the main land to Venice. In the foundations of this bridge, among other materials, 80,000 larch piles were used, and in the bridge itself 21,000,000 bricks, and 176,487 cubic feet of Istrian stone; and on an average one thousand men were employed daily. The cost was about one million of dollars.

About two miles from the lagune we reach the *Mestre Station*, where the railroad to Trieste branches off. But just before we come to it, we pass on the right the *Fort of Malghera* (now *Fort Hainau*), a very strong position, which underwent a long siege in 1849, when its fall led to the surrender of Venice, although a large Sardinian fleet was in its waters, and although the distance is more than 3,600 yards to the nearest part of the city, and only to be approached by boats or along the railroad bridge. The surrender of the city was effected by a novel expedient practised by the Austrians. They dismounted the 24-pounder siege guns, placed the muzzle of the gun against the parapet, and the breech sunk in the ground, giving the bore of the gun an elevation of about 45°, and thus without carriage or platform of any kind, obtained ranges of 5,774 yards with solid shot, and with the howitzer and hot shot of 4,634 yards, thus easily shelling the city. In military language, this fort is a double enceinte on a bastioned trace, of earthen ramparts and parapets, with wet ditches, and detached demilunes in advance of the curtains of the outer enceinte. In the gorge of the work are two extensive caserns, built by General Chasseloup of the French engineers. The position is exceedingly strong, surrounded as it is by low, wet, marshy ground, liable to overflow by gust tides, and exceedingly unfavorable for approaches, and still more for the camps of a besieging army. There are but three stations between Venice and Padua, and the whole country is flat and uninteresting. At one point on the way, the Alps of the Friuli and Carinthia are well seen, and several villas of the Venetian nobility are situated near the town of Dolo, on the banks of the Brenta.

Arriving at the Padua station, we encountered the usual crowd of carriages, calèches, omnibuses, runners, and baggage smashers, but working my way through the noisy crowd, I soon found myself quietly domiciled in "*La Stella d' Oro*," in the Piazza de Noli, in the centre of the town and close to the University.

Padua is said to be the oldest city in the north of Italy, and Virgil attributes its foundation to Antenor. It contains about 50,000 inhabitants. The houses are supported by long rows of arches. It is particularly celebrated for its University, and the Observatory connected with it. Montaigne, the essayist, took this city on his tour in Italy, in 1580, and describes it as "a considerable town, as large as Bordeaux, with narrow and ugly streets, with very few people about, and hardly any houses worth looking at, but prettily situated in a plain, over which it commands an extensive prospect," which description holds good to this hour. He describes the inns as not comparable to those of Germany for accommodation, which is also generally true; but that "the charges are one-third less," is very far from correct at present, according to my experience. The charges, however, at hotels, both in Italy, and everywhere else on the Continent, are high or low, according to the number of English who frequent them, and whether they are recommended in Murray's guide-book or not. An English physician of eminence, in London, advised me, if I wished to avoid high and extortionate charges, to carefully avoid all hotels of this class, and, though seldom followed, I found his advice very well worth heeding. As far as possible, however, I sought to avoid "Hotels d'Angleterre" and "Englischer Hafs."

The first place towards which I turned my steps in Padua was the University, or, as it was formerly called, "The

Studio" of Padua. This enjoyed a high reputation as far back as 1221, when Frederick II. commanded the students of Bologna to forsake that city, which had incurred his displeasure, and to resort to the city of Antenor. At first, it was more celebrated as a school of law, and among other great teachers boasted of the eminent Baldus, but afterwards took very high rank as a school of medicine. During the sixteenth and seventeenth centuries, its professors were among the most distinguished in Europe. Among these may be mentioned Vesalius, Fallopius, Fabricius ab Aquapendente, Spigelius, Sanctorius, and, in later times, the great Morgagni. The Venetians took great pride in this University, and extended to it special protection and encouragement. Perhaps, at this time, its medical department enjoys a higher reputation than any other in Italy. There are five faculties, theology, law, medicine, philosophy, and mathematics, and the chairs are all filled with very able men. Each faculty has a *Dean*, who is, generally, one of the senior professors. The *Senatus Academicus* consists of the Deans (*Direttores*) and the *Rettore Magnifico*, who is elected by the several faculties, and approved by the government. There are forty-six professorships, and the students generally number between 1500 and 2000. The public treasury contributes annually about two thousand dollars towards the general expenses.

There are several establishments in different parts of the town connected with the University, as four clinical schools for medicine, surgery, diseases of the eye, and midwifery; veterinary and agricultural schools, a botanic garden, and an astronomical observatory. The University Building or Palace is called *il Bo*, or *the Ox*, as it is said from the sign of the inn upon the site of which it stands. The building was erected at the expense of the Republic of Venice in 1493. The great hall or court, planned by Palladio, with the armorial bearings of the members entirely covering the halls, is very magnificent. At the top of the great staircase is the beautiful statue of Elena Lucrezia Comaro Piscopia, who died, unmarried, 1684, aged forty-eight years. She spoke Hebrew, Arabic, Greek, Latin, Spanish, and French, with fluency, was a good poetess, an excellent musician, wrote mathematical and astronomical dissertations, and received a doctor's degree from the university.

The Anatomical Theatre was built by *Fabricius ab Aquapendente* in 1594, replacing one still older; still it is the oldest in Europe, the design being by the celebrated Paul Sarpi. The obstetric hall contains an immense collection of models, wax preparations, and wet and dry specimens, and also a very large number of monstrosities of every kind. The Museum of Anatomy is one of the best in Europe, and the same may be said of the Cabinet of Natural History. This was first founded by Dallisnieri in 1734. The mineralogical and palæontological divisions are the most complete; the latter particularly so in fossils of the Veronese and Vicentine hills, especially in fossil fishes from Monte Balca. Among other articles I saw here a petrified human skull and femur; mammoth-sized ammonites; an extensive series of birds' eggs, from those of the humming-bird to the ostrich; a stuffed elephant who killed his keeper at Venice; and among the rest one of the vertebræ of Galileo, who was professor of mathematics here for upwards of ten years. This relic is said to have been purloined when his remains were removed, in 1757, to their present resting-place in the Church of Santa Croce at Florence. His bust, placed over the chair he once occupied, exhibits a very broad and high head, the forehead very prominent and capacious, with thick moustache and long beard. Here is still preserved much, if not all the apparatus, with which Galileo illustrated his lectures. The Theatre of Physics contains one of the largest collections of philosophical apparatus in the world; the room is nearly one hundred feet by fifty, and entirely filled. The *numismatic cabinet*, opening out of the cortile, contains many Roman and Greek bronzes, inscriptions, and coins, and a curious papyrus from Ravenna of the year 616, a deed of sale. I should have stated that there are busts and portraits of all the former professors, including Vesalius, Fabricius, Galileo, etc., down to the present time.

From the University I went to the *Spicola* or Astronomical Observatory, founded in 1767. It is situated in the mediæval town of S. Tomaso, the principal defence of Padua on the west side. It was erected by the tyrant Eccolino, and served as a prison, where many of his victims suffered. It is under the charge of Prof. Scaulini, who was absent on the Campagna, but I was shown everything by his able assistant. I found it supplied with the best of instruments from London, Munich, and Vienna. The equatorial is one of the finest in existence. The view from the top was magnificent, embracing the Campagna as far as the Adriatic, Venice, the Lagune, the entire range of the N. E. Alps, the Euganian Hills, etc., one of the most splendid panoramas. This establishment is, doubtless, one of the first in Europe, and does infinite honor to the city. Taking the Botanic Garden next on my way, I was very kindly taken in hand by the professor of this branch, who is also the conservator. He informed me that this was the oldest botanic garden in Europe, it having been established by the Venetian Senate in 1543. The celebrated Prosper Alpinus was professor of botany here in 1545. It is very extensive, and is situated near the churches of Il Santo and Sta. Giustina, and is laid out in the old formal Italian style. I was greatly interested in the garden, as it contains some of the oldest specimens of exotic trees and plants in Europe, the patriarchs of shrubberies, plantations, and conservatories. The magnolias are superb. The lebanon cedar, the oriental plane, and a *gleditchia* one hundred feet high, are among the most magnificent specimens on the grounds. Water is forced by a steam-engine over all the grounds, and supplies the fountains, etc., most abundantly from a river which runs through the city. Attached to the garden is a convenient and small fitted up lecture room and a botanic museum, with an extensive herbarium and a library of five thousand volumes with several manuscripts.

The *Bibliotheca Publica*, which belongs to the University, is situated some distance from it in the *Palazza del Capitanio*, formerly the palace of the Carruras. The printed books number over 100,000 volumes, and the manuscripts 1500. The immense hall containing the books is decorated with colossal frescoes of heroes and emperors, which were painted in 1540; among them is the portrait of Petrarch taken from life.

Having appropriated one day for visiting the hospitals of Padua, I set out very early in the morning for the *Spedale Civile*, in the street behind the University. Having sent in my card by the janitor I was soon waited on by one of the attending surgeons, who very obligingly took me over the entire establishment. The building is very extensive, having been erected on the site of a suppressed college of the Jesuits in 1795. It is of two stories and basement, built around an open court, between 300 and 400 feet on a side. It can easily accommodate 500 patients. Five of its wards belong to the University and constitute the clinical school, embracing fifty medical and twenty-five surgical cases. There were the usual divisions of male and female medical and surgical wards, also syphilitic, obstetric, and ophthalmic wards. There is also provision made in one division for cases of insanity; about one half the beds only were occupied. A few children, as is common in most Italian hospitals, were mixed in among the other patients, there being no children's hospitals. The wards were large, with very high ceilings and floors of polished breccia, which, on the first floor, was rough and much broken. At the end of each ward was a small altar, with an image of the Virgin and many pictures of saints, lighted candles, etc. It was the hour of the morning visit, and the attending physicians kindly invited me to accompany them in their rounds. I was struck with their very careful diagnosis and thorough investigation of every case. Their prescriptions, also, seemed very judicious. The physicians-in-chief are Doctors Bianchessi, Vandiani, Da Lu Ca, and Pellizzari. In passing through the wards it was almost impossible to dis-

tinguish the women from the men, and I was constantly confounding them. The females, from exposure to the sun and air, from constant occupation in agricultural labors, soon acquire masculine features and become prematurely old, grey, and wrinkled. The hospital was generally well ventilated and clean, except the insane wards, which were intolerably filthy, close, and unventilated. There seemed to be little or no classification. The nurses generally were females.

The hospital of *S. Giovanni di Dio* is under the management of the monks of that order, and receives but a limited number of acute medical and surgical cases. It seemed to be well managed. The Foundling Hospital is the oldest institution of the kind in Europe, having been founded in 1097. The annual admissions are about four hundred, and the deaths average fifteen per cent.

American Medical Times.

SATURDAY, JUNE 20, 1863.

CALOMEL AND TARTAR EMETIC IN THE ARMY.

The recent order of the Surgeon-General striking calomel and tartar emetic from the Supply List, has naturally excited a large amount of discussion and criticism in popular and professional circles. Quacks of every shade and complexion, from the infinitesimalist to the humblest dealer in roots and herbs, are exceedingly jubilant and profusely congratulatory. The old-school practitioner, who has to grapple daily with disease in all its multiplied forms, and solve the abstruse questions in therapeutics by actual experimentation, and who has come to give his faith to calomel and tartar emetic as his unfailing weapons in affections of great severity, fancies that a deadly blow has been aimed at his long tried and faithful allies. But students in the school of modern pathology and physiology look on with indifference, feeling that they have little or nothing at stake in the issue.

Thus far in the discussion of this order two questions have been raised:—1st, The propriety of the order, and, 2d, The propriety of removing from the Supply Table the articles referred to. The consideration of these two propositions evidently covers the whole ground. Let us examine them in detail.

It will not be denied that it is the duty of the Surgeon-General to regulate the Medical Supply Table. Annually, or oftener if necessary, the list of remedial agents to be employed by the Medical Staff must be revised, and such remedies added or stricken from it as the service may seem to demand. And the aggregate quantity to be used within a given time for a given force is also prescribed. No one questions the necessity or propriety of this revision of the Supply Table. It has never yet been alleged that in the discharge of this duty the Surgeon-General was impertinently interfering with the practice of the Medical Staff. Nor until now did it ever occur to any one that by this act the Surgeon-General reflected upon the professional qualifications of the surgeons of the army. On the contrary, the army surgeon has always been gratified at the revision of the table, for it seldom happened that new and important remedies were not added, and old and obsolete compounds stricken off.

The reason given in the order for striking calomel from the Supply Table is its abuse by military surgeons. The Surgeon-General states that he is officially informed that not only has profuse salivation been produced in innumerable cases, but that mercurial gangrene is of not infrequent occurrence. Finding it impossible to properly restrict the use of this powerful agent, he has ordered it stricken from the list of remedies furnished by the Department. He adds that he issues such an order with the more confidence, "as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered." That the Surgeon-General has presented sufficient reasons for his order no one not stubbornly wedded to antiquated ideas can deny. The correctness of his information in regard to the lamentable consequences following the abuse of calomel no one will doubt who has visited many military hospitals, and inquired particularly as to the practice. A certain class of physicians almost invariably employ calomel, and always administer it in cases of doubtful diagnosis; and they are not satisfied unless they produce its constitutional effects, believing that it is only under such circumstances that it is effectual. We have known of its exhibition in military hospitals to salivation in chronic diarrhœa, Bright's disease, chronic rheumatism, etc. But it may be said that in certain diseases it is acknowledged by all authorities to be useful, and is the army surgeon to be deprived of mercurials because certain persons abuse calomel? We answer, certainly not. There are still on the Supply Table several of the more eligible and useful preparations of mercury. There is the blue mass, mercury and chalk, bichloride, iodide, etc., all much more elegant than calomel, and far more likely to give the beneficial effects of mercury without the unfavorable results.

That modern pathology has very much limited the class of diseases to which mercurials have been considered especially applicable, is apparent on every page of our recent works on practical medicine and surgery. Within twenty years, from being one of the most frequently employed agents of the materia medica, it has come to take a very subordinate position. And it should be a cause of sincere congratulation with every practitioner that, with the advance of modern pathology, a remedy of so much power for evil, if injudiciously used, is gradually being supplanted, whether by a more correct knowledge of its therapeutical uses, or by more eligible and more intrinsically harmless agents. The same remark is true of tartar emetic. This article the Surgeon-General has also stricken from the Supply Table, "for the reason that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith."

After a careful review of this subject, with an extended observation among the military hospitals, and of inquiry among army surgeons, we are compelled to regard the order of the Surgeon-General as a judicious, and even a necessary measure. In the opinion of the best medical officers, in no other way could the evil have been successfully reached. Fully confirmed in this view, we must regard the harsh criticisms of the Surgeon-General by certain medical conservatives as exceedingly unwise and unjust. We believe that in this order, as in all his official acts, he has not only endeavored to advance the best interests of the army medical service, but equally to maintain the honor and dignity of the profession of which he is a distinguished member.

THE WEEK.

It is stated that charges have been preferred against Dr. Perley, Medical Inspector-General U.S.A., of issuing blank soldiers' discharges, for a consideration or otherwise, to persons not authorized to have them, and that the case has been placed before the Secretary of War for examination. This is not the first time that the Medical Inspector-General has had grave charges preferred against him. Several months back a Court-Martial was convened in his case to investigate certain charges, but when about to enter upon its duties it was dissolved by an order of the Secretary of War. Since that time the Medical Inspector-General has remained only nominally at the head of the Department of Medical Inspection. It is to be hoped that, in justice to Dr. Perley and for the good of the service, the Honorable Secretary will order a thorough investigation of these charges.

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The Academy of Medicine has laid out a programme of scientific papers of unusual attraction. The plan of announcing papers a considerable period in advance is excellent, as it enables members to prepare for their discussion. It is due to this circumstance that the meetings have latterly been so well attended. There is, however, one source of disappointment, which might be easily remedied. It too frequently happens that the paper or discussion announced is delayed or passed over by the introduction of some new paper or business. This ought never to be allowed to occur. Members should never be disappointed in hearing the paper or discussion announced.

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The Sanitary Commission held a meeting in this city during the past week. Its affairs are in a highly prosperous condition, and it is supplying the wants of the different armies of the United States with a prodigality and yet judicious discrimination of the various necessities of the soldier which commends it to the liberal support of the people. We have reason to believe that by the supply of fresh vegetables to many army corps, it has warded off impending attacks of scurvy. To show what is done in a single Department, the Western, we may state that, since the first of last January, 20,726 packages have been distributed, and those packages average at least a barrel's bulk each. The Commission is daily increasing its means of usefulness.

Reviews.

Physiological Memoirs, by William A. Hammond, M.D. Philadelphia, 1863.

The researches and views presented to the reader in these memoirs, are a reprint, and have appeared when the memoirs were originally published in the *American Journal of Medical Sciences*. The favorable reception of these *memoirs* at the time of their issue, bears elegant testimony to their merit. Rich in the results of experiments thoroughly and rigidly undertaken, they have contributed to establish a positive science. Each essay affords materials for a long and interesting study. Replete as are these valuable memoirs with facts, their interest would have been enhanced if the well founded conclusions arrived at from late physiological experiments had been incorporated by the author. We may instance the interesting facts established in regard to the physiological effects of alcohol, by Drs. Lallemand, Perrin, and Durry, as also other researches which have thrown new light upon the obscure question of urology. They would, perhaps, not essentially vary the results arrived at from Dr. H.'s investigations, but they would add somewhat to the completeness of his memoirs and to their influence.

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Obstetrics: The Science and the Art. By Charles D. Meigs, M.D., lately Professor of Obstetrics, etc., in the Jefferson Medical College. Fourth Edition, revised and improved. With One Hundred and Twenty-nine Illustrations. Philadelphia: Blanchard & Lea. 1863, pp. 730

The works of Prof. Meigs have been well received by the profession, notwithstanding the faulty style of the author. The favorable position which he has long occupied as a teacher, and his fearless ex cathedra manner of enunciating views, often in direct opposition to the well settled convictions of contemporary authorities, have given great prominence to these publications. No one, however, can peruse such a work as the one before us without profit. It bears evidence of a close observation of nature, and, in spite of the arrogant style in which the author too frequently clothes his opinions, the reader cannot fail to draw useful and practical lessons from nearly every page. The third edition is revised and improved.

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Chemistry. By William Thomas Brande, D.C.L., F.R.S.L. & E., of her Majesty's Mint; and Alfred Swaine Taylor, M.D., F.R.S., Fellow of the Royal College of Physicians of London, etc. Philadelphia: Blanchard & Lea, 1863.

This work is the joint production of two of the ablest chemists of England. It is designed to present in a compact form, and free from the verbiage which fills works on chemistry, all the leading facts of the science. Important as a general knowledge of chemistry is to the medical student, it is nevertheless true that he rarely acquires even the most superficial idea of its leading facts during his pupilage. The subject is dry, and its study tedious and irksome. This is due chiefly to uninteresting details, a faulty nomenclature, and cabalistic terms which the student must master. We have always been satisfied that chemistry might be made at once instructive and interesting to the medical student, and in the volume of Brande and Taylor we have a realization of this desirable object. The work is free from those useless terms and endless details, and the science of chemistry is unfolded to the student in a most attractive foam.

Correspondence.

REMOVAL OF CALOMEL AND TARTAR EMETIC FROM THE SUPPLY LIST.

[To the Editor of the American Medical Times.]

One of the principal reasons given by the Surgeon-General for removing calomel and tart. antimony from the Supply Table is, "that modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered." Now, if this is so—and I do not deny the fact—then every intelligent surgeon should be in the possession of such facts, and should and would avoid the giving of mercury in such cases wherein it has thus been found to be useless or injurious. Therefore, then, assuming that the medical staff of the army are men of medium intelligence in their profession, this cannot be a good and sufficient reason for excluding not only mercury but tart. antimony from the supply table. The Surgeon-General does not say that these tabooed remedies are not remedial agents of acknowledged efficacy in certain diseases at all—his experience

teaches him better—or that their place can be filled by any other agent or agents whatever, for his experience also teaches him that this cannot be done, but simply says these articles have been used in such a manner as to amount to abuse. I would ask the Surgeon-General, and the profession at large, if it is a good and sufficient reason that, because an article has been improperly used, henceforth it should not be used at all? If we admit this theory, we shall not only exclude mercury and antimony, but every important remedial agent in the materia medica. Who does not believe that alcoholic stimulants have been greatly abused, and that they have slain their thousands? Yet, who would deny them on this ground to the exhausted soldier dying from the shock of a wound? No rational man, surely. Who would refuse to use chloroform because it has been abused in incompetent hands? Why, on this ground, every blessing bestowed on us by a beneficent Providence would have to be thrown aside and rejected. If it is a fact, as this circular implies, that the army surgeons are incompetent to use articles of acknowledged efficacy, for humanity's sake discharge them at once, but do not tie up the hands of the intelligent surgeon, and compel him to look on and see his patient die, when the power to save him is within his reach. In cases of inflammation of the fibrous tissues, such as rheumatic pericarditis, endocarditis, peritonitis, sclerotitis, etc., an experience of thirty-five years tells me that mercurials and antimony, but especially mercury, will do more to save life than all other remedies combined. The alkalies will, it is true, do something to aid in this class of complaints, but mercury is the medicine par excellence. It stands at the head of the defibrinating remedies, and in such cases cannot be dispensed with. It is also equally useful in acute nephritis and some of the affections of the liver, to say nothing of syphilis. In rheumatic affections of the extremities we can wait for the action of alkalies, and in peritonitis we can use opium in large doses, but in acute inflammation of the heart, who would use opium or veratrum who understands his business, or who wait for the slow and uncertain action of alkalies? In such cases, as an adjunct, antimony is of great importance, and will do much, if properly used, to subdue disease and save life. If, as I have said before, your surgeons are not competent to fill the stations they occupy, then remove them, for, if they are not capable of using without abusing mercury and antimony, they certainly are not capable of using very many other remedial agents, or of being trusted to use medicines at all. If I were an army surgeon, I should consider such an order as a direct impeachment of my capabilities, and offer my resignation at once. Besides, this order is calculated to bring these two important medicines into great disrepute with the public, and give aid and comfort to our enemies, the quacks.

E. P. Bennett, M.D.

Danbury, Conn.

Army Medical Intelligence.

REMARKS

BEFORE THE AMERICAN MEDICAL ASSOCIATION

ON THE ORDER OF THE SURGEON-GENERAL.

By C. C. COX, M.D.,

SURGEON U.S.V.

I RISE neither to defend nor oppose the propriety of excluding calomel from the Army. In a practice of many years' duration I have witnessed great abuses of this medicine in incompetent hands, while I am frank to say in other instances unequivocal benefit resulted from its judicious employment. But the order has been issued by the Surgeon-General for reasons, doubtless, sufficient, and I cannot allow misapprehension or misconstruction of his motives. However he may have erred (if err he did), it was a defect of judgment and not a fault of motive. No one has the interest of the profession more at heart than the Surgeon-General; no one has proved himself a more ardent devotee of the science; and the man does not exist who will dare, here or elsewhere, to deny his ability or challenge the purity of intention which marks his official conduct. He has diligently labored to eradicate charlatanism from the Army, and, by instituting many wholesome reforms and improvements, given a fresh impulse and a healthy tone to the department over which he presides.

Gentlemen have alluded to incompetent surgeons in the Army, and conclude the preferable method would have been to decapitate those who have so recklessly abused a valuable remedial agent, instead of excluding the drug itself. It is true that in a body for the most part composed of high-toned and skilful surgeons, there exist a few quacks who have no high appreciation of the art they practise. This is due chiefly to the loose manner in which surgeons, selected from personal considerations and not because of peculiar professional fitness for the place, are assigned by the Governors of some of the States to the charge of regiments. These cases are only to be reached by medical examining boards when cited before them upon charge of incompetency either by one or more of the officers or a medical director. Many of these cases have been already promptly disposed of, and others remain to be sifted. In numerous instances incompetent surgeons have been rejected by the boards, and immediately after dismissed the service. So that the Surgeon-General is not to be censured because in a day he does not strike down all incompetent surgeons of the vast corps over which he presides. This being a sheer impossibility, he preferred to exclude by order an agent which he had reason to believe, from reports of Inspectors and others, was most likely, of all the mercurials, to be abused, and which had really been injuriously applied in many instances.

Moreover, the proscription furnishes no ground for exultation to eclectic or other quack orders, as some imagine. It does not prohibit mercury *per se*, but only one form of it, most likely, in the judgment of the Surgeon-General, to be abused. Blue mass, hydrargyrum cum creta, corrosive sublimate, and the compound cathartic pill, are still embraced in the supply table for issue; and ipecacuanha is in many cases an excellent succedaneum for tartar emetic.

I am at a loss to comprehend the extreme sensitiveness of gentlemen upon this subject, or the severity of the denunciations of the Surgeon-General. The Army surgeons are those damaged by this order, if any, and the right to object is with them. Dr. Hammond has not invaded the walks of private practice; he has entered the forum of no man's conscience and challenged his right of opinion or practice. He has excluded calomel only from the medical corps of the Army over which he has jurisdiction, and in the exercise of an undoubted right should not be exposed to the protest of those who have not been assailed by the order. I trust gentlemen will, in their discussions, discriminate between the propriety of the order and the high character and unimpeachable motives of the distinguished chief of the medical bureau of the Army.

HEADQUARTERS, DEPARTMENT OF THE NORTHWEST,
MILWAUKIE, WIS., June 9, 1863.

GENERAL ORDERS, No. 21.

SURGEON T. M. GETTY, U.S.A., having reported for duty at these Headquarters, is announced as Medical Director for this Department, and will be obeyed and respected accordingly.

By command of Major-General Pope,

R. O. SELFRIDGE,
Assistant Adjutant-General.

ORDERS, CHANGES, &c.

Acting Assistant-Surgeon W. T. Mendenhall, U.S.A., has been tried by Court-Martial in the Department of the Cumberland, and sentenced

for conduct prejudicial to military discipline to be dismissed the service.

Surgeon Wm. S. Wright, of the rebel army, having been found concealed in a house in St. Louis, Mo., with a rebel mail in his possession, and with large quantities of quinine, morphine, gold lace, etc., destined for rebel use, was tried as a spy by a General Court-Martial, and sentenced to be "shot to death." The sentence has been disapproved for want of jurisprudence by the Court-Martial, and Surgeon Wright is held in custody for trial by a Military Commission or such other disposition as the Commanding General of the Department may direct.

The Medical Director of the Department of the Ohio has been instructed to close General Hospitals Nos. 3 and 4, Evansville, Indiana, sending the patients to other hospitals in that town, and the Medical Officers and supplies to such places as may need them.

The Medical Director at Washington, D. C., has been instructed by the Surgeon-General to call on the surgeons-in-charge of the various General Hospitals in that city, to report without delay the probable amount of fresh vegetables, eggs, butter, poultry, fruit, etc., required by them daily per one hundred men, also their estimate of the average amount required by them daily. The Sanitary Commission propose to establish a market-car running between Philadelphia and Washington, and will supply hospitals with the above mentioned articles at cost price. At the present enormous, and, I believe, exorbitant rates asked for the various articles of farm and garden produce in the city it is found difficult to supply proper food to the inmates of the hospitals at the rate of commutation allowed by the Subsistence Department, and luxuries cannot be obtained at all. It is hoped that the plan adopted by the Sanitary Commission may accomplish something towards correcting the evil.

The Surgeon-General has ordered a Board to convene in Philadelphia, Pa., to consist of Surgeons W. S. King and R. Murray, U.S.A., and Surgeon P. B. Goddard, U.S.V., to examine such specimens of artificial arms, for disabled soldiers, as may be brought before it, and report on their merits, relative and positive.

Medical Inspector G. K. Johnson, U.S.A., has been granted fifteen days' leave of absence.

Assistant Surgeon F. G. H. Bradford, U.S.A., has been granted seven days' leave of absence.

Surgeons Frederick Seymour, at Nashville, Tenn., William Clendenin under treatment at same place, and S. M. Hamilton, on leave of absence, all of the Volunteer Medical Staff, have tendered their resignations on account of ill health.

Surgeon H. S. Hewit, U.S.V., arrived in Washington, D. C., on the 8th inst. He was Medical Director at headquarters in the field with Major-General Grant, remained in Jackson, Miss., in charge of the wounded after the fight at that place, was taken prisoner, and, on application to the rebel General Joe Jackson to be sent through the lines, as is customary in the case of Medical Officers, was placed in close arrest, sent to Richmond, and confined in the Libby Prison, from which he was relieved by lot on the 6th inst. He is now on leave of absence in New York city.

Surgeon-General Hammond has returned from his visit to Philadelphia, and resumed his duties in charge of the Medical Bureau of the War Department.

The following changes of Medical Officers in Washington, D. C., have been made recently.

Surgeon Henry Bryant, U.S.V., relieved in charge of Lincoln Hospital by Surgeon Gideon S. Palmer, U.S.V.

Acting Assistant-Surgeon W. A. Smith assigned to Columbian College Hospital.

Acting Assistant-Surgeons J. F. Thompson, A. Boothly, and E. W. Robertson to Armory Square Hospital.

Acting Assistant-Surgeon W. W. Bidlack to Emory Hospital.

Acting Assistant-Surgeons J. B. Pettijohn, T. Powell, and C. B. Webster, Surgeon A. T. Augusta (colored), U.S.C.T., Surgeon W. A. True, 25th Maine Vols., to Contraband Comp.

Acting Assistant-Surgeon J. S. Boyce, to General Hospital, Fairfax Seminary, Va.

Acting Assistant Surgeon Wiestling to report to Colonel L. C. Baker.

Assistant-Surgeon W. C. Buckley, 10th Pennsylvania Reserves, to General Hospital, Alexandria, Va.

Acting Assistant-Surgeon M. L. Baxter to Campbell Hospital.

Acting Assistant-Surgeon T. P. Seely, to 2d Division General Hospital, Alexandria.

Acting Assistant-Surgeon A. W. K. Andrews, and Assistant Surgeon H. E. Silliman, U.S.A., to St. Aloysius Hospital.

The Surgeon-General has directed that the work on the Sanitaria at Prairie du Chien and Fort Snelling, Minn., be abandoned, if not too far advanced, there being between 40,000 and 50,000 vacant beds in the General Hospitals.

Medical News.

ANNUAL MEETING OF THE RHODE ISLAND MEDICAL SOCIETY.—The fifty-second annual meeting of the Rhode Island Medical Society was held in the Franklin Society's rooms, Wednesday morning, Dr. Henry E. Turner, of Newport, the President, in the chair. There was a fair attendance of members.

Dr. Geo. L. Collins presented the Treasurer's report, which was read and accepted.

The Librarian and Cabinet-Keeper of the Southern District presented a verbal report of affairs in his department.

Dr. C. W. Parsons, for the committee to name delegates to affiliated bodies, presented a verbal report.

Upon motion of Dr. U. Parsons, the subject of nominating delegates to other Societies was postponed to the semi-annual meeting in December next.

Upon motion, Dr. C. W. Parsons, the President, and Secretary, were authorized to issue credentials to such members as are desirous of visiting other societies.

Dr. S. A. Arnold presented the annual report of the Trustees of the Fiske Fund, which was accepted and placed on file. No award has been made for the dissertations presented during the past year. The Trustees offer $100 for the best dissertation on each of the following themes:—1. What evidence is there that inflammatory and febrile diseases have undergone any change of type? 2. Gunshot wounds, particularly those caused by newly invented missiles.

The Secretary presented obituary notices of members deceased during the year, including the names of Joseph Warren Fearing and J. James Ellis. The notices were referred to the Committee on Publication.

Dr. Ely presented the report of the Board of Censors, approving the application of Wm. H. Traver, of Providence, and Chas. G. Buttrick, of New Shoreham, to become Fellows of the Society, which report was accepted.

The Society then proceeded to ballot for officers for the ensuing year, with the following result:—

President—Henry E. Turner, of Newport.
Vice-Presidents—1. Jervis J. Smith, of Chepachet; 2. Otis Bullock, of Warren.
Recording Secretary—B. Lincoln Ray, of Providence.
Corresponding Secretary—Charles W. Parsons, of Providence.
Treasurer—J. W. C. Ely.
Librarian and Cabinet-Keeper, Northern District—Timothy Newell; *Southern District*—T. C. Dunn.
Board of Censors—David King, of Newport; Joseph Mauran, J. W. C. Ely, of Providence; J. H. Eldridge, of East Greenwich; Wm. A. Shaw, of Wickford; Sylvanus Clapp, of Pawtucket; Geo. W. Jenekes, of Woonsocket; Job Kenyon, of Coventry.
Registration Committee—Drs. Mauran, King, Bullock, Collins, Snow.
Committee on Publications—Drs. C. W. Parsons, I. Ray, and Ely.
Audit Committee—Drs. Baker and Collins.
Dinner Committee—Drs. Ely and B. L. Ray.

Drs. C. W. Parsons and Brown were constituted a committee to transfer the Treasurer's books and accounts.

Wm. H. Traver and James C. Buttrick were elected Fellows of the Society.

Dr. Mauran presented the report on Registration, which was read and accepted.

Dr. A. H. Dumont was announced as orator for the next annual meeting, and Dr. H. E. Turner as substitute.

An invitation was read from the Rhode Island Hospital to the members of this Society to attend the meeting of the Hospital Corporation this afternoon. The Society thereupon passed the following resolution:—

Resolved, That this Society view with the deepest interest the successful progress of the movement for the formation of a Rhode Island Hospital; a movement which began with the medical profession of the city of Providence, but has now been enlarged to embrace the whole State within the scope of its beneficent operations; and we promise the corporators of the Hospital all the aid and influence which we can furnish in its behalf as physicians and citizens.

The Society then listened to an address of uncommon interest and usefulness from Dr. David King. The address was suggested by the recent occurrence of the semi-centennial anniversary of the founding of the Society. It included, besides its historical details, a philosophic account of the various influences which made the art of medicine what it was at the foundation of this Society, and of those causes which have affected the subsequent progress.

HYDROPHOBIA.—Prof. Renault caused 131 dogs to be either bitten by mad dogs or inoculated with their saliva. Of these, 63 showed no symptoms during a period of four months, and were therefore considered free. Of the remaining 68, 31 became mad after the 40th day; 23 after the 45th; 16 after the 50th; 14 after the 55th, 12 after the 60th; 8 after the 65th; 7 after the 70th; 3 after the 80th; and one upon the 118th.—*Lancet.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 8th day of June to the 16th day of June, 1863.

Deaths.—Men, 98; women, 92; boys, 111; girls, 105; total, 406. Adults, 190; children, 216; males, 209; females, 197; colored, 5. Infants under two years of age, 132. Children born of native parents, 21; foreign, 162.

Among the causes of death we notice:—Apoplexy, 3; infantile convulsions, 37; croup, 11; diphtherite, 12; scarlet fever, 24; typhus and typhoid fevers, 21; consumption, 63; small-pox, 2; measles, 4; dropsy in head, 11; infantile marasmus, 19; cholera infantum, 8; inflammation of brain, 12; of bowels, 9; of lungs, 17; bronchitis, 6; congestion of brain, 0; of lungs, 0; erysipelas, 1; diarrhœa and dysentery, 10. 204 deaths occurred from acute diseases, and 25 from violent causes. 260 were native, and 146 foreign; of whom 100 came from Ireland; 58 died in the City Charities; of whom 11 were in Bellevue Hospital, and 9 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June, 1863.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temp'ture	Temperature.	Evaporation Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.
	°	°				°				°			
8th.	48	50	5	29.99	N.W.	67	11	29.98	N.W.	50	5	29.95	W.
9th.	52	54	4	29.87	N.W.	76	14	29.90	S.W.	63	6	29.91	W.
10th.	60	61	5	29.94	S.W.	83	15	29.94	S.E.	71	5	29.98	S.
11th.	63	64	4	29.99	Calm	74	6	29.97	S. by E.	70	3	29.96	S.E.
12th.	61	63	3	29.97	N. by E.	76	7	29.98	S.	68	4	29.94	S.E.
13th.	52	57	3	29.99	N.E.	58	7	29.98	N.E.	54	4	29.99	S.E.
14th.	56	61	7	29.99	W. by N.	73	10	29.99	S.	67	6	29.97	S.

REMARKS.—8th, Mostly clear, with fresh winds. 9th, Light rain; variable day, with fresh wind most of the time. 10th, Clear day; calm evening. 11th, Sultry cloudy day; very light showers afternoon; hard rain late at night, and early morning of the 12th, which was also a sultry, cloudy day, light rain evening. 13th, Light rain A.M., cloudy all day; fresh wind most of the day. 14th, Fine day.

SPECIAL NOTICES.

ACADEMY OF MEDICINE.—*The following Papers are in course of preparation, to be read before the Academy:—*

1. AUSTIN FLINT, M.D., "*On the Use of Alcoholic Stimulants in Tuberculosis.*"
2. JOHN ORDRONAUX, M.D., "*On Malpractice and Medical Evidence.*"
3. *Discussion on Ergot—to follow the reading of the Obituary of* JOHN STEARNS, M.D., *by* DR. S. S. PURPLE.
4. HENRY D. BULKLEY, M.D., "*Abstract of Cases of Albuminuria treated in the N. Y. Hospital during the last fifteen years, with remarks.*"
5. JOHN H. GRISCOM, M.D., "*On the Prospective Sanitary Condition of New York.*"
6. JOHN C. DRAPER, M.D., "*Experiments on Insensible Perspiration.*"
7. AUSTIN FLINT, JR., M.D., "*On Cholesteremia.*"
8. WM. H. VAN BUREN, M.D., "*Some Points in the Surgery of the Rectum.*"
9. E. R. PEASLEE, M D., "*On Ovariotomy.*"
10. HENRY D. NOYES, M.D., "*On Strabismus.*"
11. *Posthumous Papers of the late* GEORGE P. CAMMANN, M.D., *arranged, and his views presented, by* JAMES R. LEAMING, M.D.
    1. "*Practical Suggestions for the Management of Phthisis Pulmonalis.*"
    2. "*Auscultatory Percussion and its Application.*"
    3. "*Measurement of the Heart in Health and Disease.*"
    4. "*Diagnosis of Mitral Regurgitation.*"
12. MARK BLUMENTHAL, M.D., "*Leucorrhœa or Vulvo-Vaginitis of Infants and Young Girls.*"
13. GEORGE T. ELLIOT, M.D., "*On the Induction of Premature Labor.*"
14. JOHN C. DALTON, JR., M.D., "*On Morbid Disturbances of the Circulation.*"
15. JAMES R. WOOD, M.D., "*On Necrosis and Reproduction of Bone.*"
16. F. J. BUMSTEAD, M.D., "*On Iridectomy.*"
17. JOHN C. HUTCHISON, M.D., "*On Injuries of the Elbow-Joint.*"
18. JOHN W. DRAPER, M.D, "*On the Functions of the Iris.*"
19. GOUV'R M. SMITH, M.D., "*On the Antagonistic Action, Physiological and Therapeutical, of certain Narcotics, and other active Organic Principles.*"
20. JOHN T. METCALFE, M.D., *Topic hereafter.*
21. WILLARD PARKER, M.D., "*On Malignant Diseases of the Mammæ.*"
22. CHARLES A. LEE, M.D., "*On Cretinism.*"
23. B.——— "*Promised without fail.*"
24. STEPHEN SMITH, M.D., "*An Appreciation of certain Amputations and Resections.*"
25. C. R. AGNEW, M.D., "*On Cataract.*"
26. HENRY G. COX, M.D., "*On Typhoid Fever.*"
27. WM. H. DRAPER, M.D., "*On Uræmia.*"
28. JOHN O'REILLY, M.D., "*On the Vascular and Nervous Connection between Mother and Child in Utero.*"
29. JAS. M. MINOR, M.D., "*Dependence of Physical Development upon Meteorological Condition.*"
30. D. TILDEN BROWN, M.D., "*Considerations on Diagnosis and Prognosis in Cases of Insanity.*"
31. ISAAC E. TAYLOR, M.D., "*On Placenta Prævia.*"

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